

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO 09/857179	FILING DATE 19 JUN 2001	
								APPLICANT(S)		
								Soriano		
								CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
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TOTAL IND.	/									
TOTAL DEP.	12	↓	↓	↓	↓	↓				
TOTAL CLAIMS	13									